



PROJECT LIFESAVER TRACKING DEVICE APPLICATION



Thank you for your interest in Project Lifesaver. Project Lifesaver provides a voluntary system of trackable bracelets for at-risk individuals. The Project Lifesaver bracelet device works by emitting a radio frequency that can be used by the Los Angeles County Sheriff’s Department to locate your loved one when they go missing.

All participants or their Authorized Representatives must sign the Project Lifesaver Pilot (Participation Waiver) when purchasing or leasing a bracelet kit. This is a tracking tool to assist in the locating of a participant. There is no assurance that a participant will be located via this tracking device. You will be required to release all liability from the County of Los Angeles, its Departments and the Project Lifesaver vendor. As part of the requirement of the Project Lifesaver program, the Los Angeles Sherriff’s Department will need to authorize the purchase of the device.

Complete and return this application, along with the requested information to:

By mail to:

Workforce Development, Aging, and Community Services
Attention: LA FOUND UNIT
3333 Wilshire Boulevard, Suite 400
Los Angeles, CA 90010

By email to:

LAFound@wdacs.lacounty.gov
with subject line “Project Lifesaver”

***If you have any questions, call 1-833 – 569 – 7651
Monday – Friday 8:00 am to 5:00 pm.***

Are you interested in a free device? Please check here

Please note that you will be placed in a waiting list if there are no free devices available.

Are you interested in purchasing a device? Please check here

Device cost is \$325 plus shipping.

Participant Information: Who is the device for?

Personal	Last Name:		First Name:		Middle Name:	
	Nickname:				Date of Birth:	
	Home Address (Number, street, Apt. #):			City:	State:	Zip:
	Email Address:			Home Phone:		Cell Phone:
	Mailing Address (if different from home address):				Preferred method of communication:	
			Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	
	Height:	Weight:	Skin color:		Eye color:	Hair color:

Demographics	Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning or Unsure <input type="checkbox"/> Prefer to self-describe: _____	<input type="checkbox"/> Female <input type="checkbox"/> Genderqueer <input type="checkbox"/> Prefer not to say	
	Sexual Orientation: <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Another sexual orientation: _____			<input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning or unsure <input type="checkbox"/> Prefer not to say
Demographics	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American			<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Listed: _____
	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Caribbean <input type="checkbox"/> Central American <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Prefer not to say			<input type="checkbox"/> African <input type="checkbox"/> Asian Indian/South Asian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Eastern European <input type="checkbox"/> European <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Vietnamese <input type="checkbox"/> More than one ethnicity <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not listed: _____
	Main language spoken at home: <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi			<input type="checkbox"/> Japanese <input type="checkbox"/> Khmer/Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog/Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Not listed: _____

Mental or physical impairment or medical condition, lasting at least 6 months, which substantially limits a major life activity.

- | | | |
|---|--|---|
| <input type="checkbox"/> Mental or cognitive Impairment
<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Developmental Disability
<input type="checkbox"/> Alzheimer's
<input type="checkbox"/> Autism
<input type="checkbox"/> Other form of Dementia:

_____ | <input type="checkbox"/> Mobility impairment
Type of mobility aid(s) used:
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter
<input type="checkbox"/> Walker <input type="checkbox"/> Cane
<input type="checkbox"/> Oxygen Tank <input type="checkbox"/> Crutches
<input type="checkbox"/> Service Animal <input type="checkbox"/> None
<input type="checkbox"/> Other:

_____ | <input type="checkbox"/> Difficulty communicating
<input type="checkbox"/> Difficulty seeing
<input type="checkbox"/> Difficulty hearing, or having speech understood
<input type="checkbox"/> Not listed:

_____ |
|---|--|---|
- Wandered in past 12 months (If so, how many times)
- | | | |
|--|---|---|
| <input type="checkbox"/> 1 – 2
<input type="checkbox"/> 3 – 4
<input type="checkbox"/> 5 + | <input type="checkbox"/> Tracking device:

_____ | <input type="checkbox"/> Chronic health condition (including but not limited to chronic pain) |
|--|---|---|
- Does not have an impairment
 Prefer not to say
 Not listed:

Authorized Representative

Personal	First Name:		Last Name:		Middle Name:	
	Home Address (Number, street, Apt. #):			City:	State:	Zip:
	Email Address:			Home Phone:	Cell Phone:	
	Relationship to program participant:				Preferred method of communication:	
			Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	

Primary Caregiver
(If different from Authorized Representative)

Personal	First Name:		Last Name:		Middle Name:	
	Home Address (Number, street, Apt. #):			City:	State:	Zip:
	Email Address:			Home Phone:	Cell Phone:	
	Relationship to program participant:				Preferred method of communication:	
			Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>	

Terms and Conditions

I and/or my Authorized Representative, agree to the following terms and conditions:

I acknowledge that the Authorized Representative, conservator, caretaker, or designee has been trained on how to use the Project Lifesaver tracking device.

I agree to conduct daily testing of the device (especially battery) and record this information on the provided log. I understand that the device's battery must be changed every 60 days. I will only use batteries provided with the device.

If you are a pilot participant:

- **Failure to test the device daily, replace the battery every 60 days, or use of third party batteries will result in malfunction of the device, warranty and disqualification from the pilot study.**
- **The device is non-transferrable and must be used ONLY by the individual it is registered to. If the device is used for purposes outside of this study, or the device is lost, I may be charged a replacement fee of \$325.**
- **The tracking device is property of the County of Los Angeles. You must notify the BOLOH Unit at the phone number or email address above if the participant relocates residence within the County of Los Angeles. The device must be returned to WDACS in the event of death of the participant, the participant moves outside of Los Angeles County or no longer wants to participate in the pilot.**
- **I, the Authorized Representative agrees to comply with the informational and reporting guidelines of the Project Lifesaver Pilot Study.**
- **I understand that I will be contacted by phone and/or email by Los Angeles County Workforce Development, Aging & Community Services (WDACS) and Los Angeles County Sheriff's Department (LASD). WDACS and LASD may contact me to conduct periodic surveys and interviews to gather information that will be solely used for the pilot study and kept confidential.**

I agree to immediately call 911 if my loved one goes missing. I will inform the 911 operator that my loved one is a participant of Project Lifesaver and provide the three (3) digit tracking device code.

Participant Signature:	Date:
Authorized Representative Signature:	Date:

Acknowledgement and Certification

I have reviewed this application and certify that it is accurate and true to the best of my knowledge. I understand that the information I provide will be confidential and will only be used to determine the efficacy of the Project Lifesaver device and for program improvements. I acknowledge that my participation in the Program is voluntary and does not involve public interests.

I understand that the use of this device does not ensure the safety of the participant.

This is a tracking tool to assist in the locating of a participant. Moreover, there is no assurance that a participant will be located via this tracking device. I also release all liability from the County of Los Angeles, its Departments and the Project Lifesaver vendor.

Participant Signature:	Date:
Authorized Representative Signature:	Date:

COUNTY USE ONLY	
ISSUE DATE:	
PROJECT LIFESAVER DEVICE NUMBER:	
ISSUED BY:	
COMMENTS:	